

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019036
State File No.

FILED JUN 11 1959

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. **2 5181**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.	c. LENGTH OF STAY (In this place) 2 Days	c. CITY OR TOWN Roch Township	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		e. STREET ADDRESS (If rural, give location) Arnold Rural Route	

3. NAME OF DECEASED (Type or Print) Augusta		a. (First)	b. (Middle)	c. (Last) Christ	4. DATE OF DEATH (Month) (Day) (Year) May 27, 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan. 10, 1869	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) Maxville, Missouri.		12. CITIZENSHIP OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Flamm		13b. MOTHER'S MAIDEN NAME Anna Todebush		14. NAME OF HUSBAND OR WIFE George P. Christ (Dcnd)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. Nil.		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS William G. Christ, Arnold, Missouri.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mesenteric thrombosis		INTERVAL BETWEEN ONSET AND DEATH 4 Days
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Auricular fibrillation		
	DUE TO (c) Arteriosclerosis heart disease		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4200	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 5/25, 1959, to 5/27, 1959, that I last saw the deceased alive on 5/27, 1959, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edward W. Gubinski M.D.		23b. ADDRESS 3701 Grand St.		23c. DATE SIGNED 5/28/59	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-28-59		24c. NAME OF CEMETERY OR CREMATORY St. John Lutheran Cemetery	
				24d. LOCATION (City, town, or county) (State) Berk, Missouri.	

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAY 29 1959		REGISTRAR'S SIGNATURE Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Heilitag Funeral Home, Imperial, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300
0.48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *J Wm Binkley*.....
Licensed Embalmer No. *316*

P. O. Address *M. Lewis*

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Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.